



Maryland Wins With Health Care Reform

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A Win for Maryland Families

The Problem: Maryland families are paying more each year for less health care coverage. Premiums have increased three times faster than wages.

The Solution: New federal reform will **improve access to care and lower costs** for Maryland families.

- ✓ *In the first year*, all new insurance plans (both private and public) will have to provide **prevention and wellness services** with no deductibles and cost-sharing.¹
- ✓ *By July 2010*, families will be able to access a state **website for information about coverage options**, including the state high risk pool (see below), Medicaid, MCHP (Maryland Children's Health Insurance Program).²
- ✓ *Beginning the first year*, insurers will be **prohibited from cancelling policies and from imposing lifetime limits** or "unreasonable" annual limits on benefits.³
- ✓ 465,000 Marylanders will get **premium and cost-sharing tax credits**, making health insurance more affordable.⁴
- ✓ By 2016 family **health insurance premiums** in Maryland will be **reduced** by \$1500 to \$2100 for the same benefits.⁵
- ✓ 8,600 Maryland families each year will be **saved from bankruptcy** due to medical expenses.⁶

¹ Understanding the New Health Reform Law. Fact Sheet. Families USA. April 2010 (FUSA)

² Early Wins for Children and Families in Health Care Reform. Center for Children and Families. Georgetown University. April 2010. (CCF)

³ FUSA April 2010.

⁴ Health Insurance Reform and Maryland: The Case for Change. Health Reform.gov. 11/24/09 (HCR.gov)

⁵ The Benefits of Health Reform in Maryland. Special Report, Democratic Policy Committee. April 5, 2010. (DPC)

⁶ DPC, April 5, 2010.

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Marylanders will get **immediate consumer protections** and **more coverage**.

- ✓ 76,000 uninsured Marylanders with pre-existing conditions will be able to get insurance through a **state high risk pool**, *starting June 21, 2010*.⁷ Under the federal law, premiums must be the same as for those without pre-existing conditions for the same coverage.⁸ However, individuals must be uninsured for 6 months before they are eligible.⁹

Consumer protections will continue.

- ✓ *In the first year*, consumers will be able to **appeal adverse plan decisions** to an *independent* reviewer, not just to the insurer.¹⁰
- ✓ Provides grants to states to set up **ombudsman or consumer assistance programs** to monitor insurance companies and help people with complaints about their insurance coverage.¹¹

Insurance companies will face stricter rules.

- ✓ *Starting in the first year*, insurers will have to report and **justify premiums and premium rate increases** to the feds and to our state insurance commissioner. States can apply for federal dollars to implement the new rate review process.¹²
- ✓ *Starting in the first year*, insurers will be required to spend 85 cents (employer based coverage and all Blue Cross/Blue Shield plans) or 80 cents (individual market coverage) out of every premium dollar on health care services and quality.¹³

Immediately begins reducing the shortage of essential health care providers to improve access to care.

- ✓ *In the first year*, federal funding for **training of more primary care doctors, nurses, and public health providers** will begin, helping to relieve our provider shortage, particularly in rural and underserved areas. Multiple types of programs to expand our provider workforce programs will follow.¹⁴

⁷ DPC, April 5, 2010.

⁸ FUSA, April 2010.

⁹ CCF, April 2010.

¹⁰ FUSA, April 2010.

¹¹ FUSA, April 2010.

¹² FUSA, April 2010.

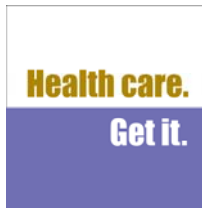
¹³ FUSA, April 2010.

¹⁴ FUSA, April 2010.

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A Win for Maryland's Most Vulnerable Families

The Problem: Some 230 Maryland residents lose insurance every day and more than 800,000 Marylanders are currently uninsured.¹⁵

The Solution: Reform will provide insurance coverage options for 834,000 uninsured Maryland residents.¹⁶

Creates **options for struggling Maryland families** to get coverage.

- ✓ Provides **Medicaid coverage** for 301,443 newly eligible Marylanders (parents, childless adults, children, pregnant women up to 133% FPL [Federal Poverty Level] or about \$29,000 for a family of four). Maryland will receive \$2.7 billion in federal funding to fully cover the newly eligible.¹⁷
- ✓ When the state health insurance exchange or marketplace begins in 2014, **subsidies will be available for families up to 400% FPL** or about \$88,000 a year for a family of four.¹⁸
- ✓ Some 243,000 Marylanders who now buy expensive and often inadequate individual market policies will have **more choices** in the state health insurance exchange.¹⁹
- ✓ About 128,000 **disabled Medicaid beneficiaries** in Maryland will be able to get home and community-based services so that they do not have to go to a nursing home, *beginning in October 2011*.²⁰

Immediately begins **reducing the shortage of essential health care providers**.

- ✓ *In the first year*, increases **federal funding for 126 Maryland community health centers**, where low income families get their health care, so that substantially more families can be served.²¹

¹⁵ Why Maryland Needs Health Reform: By the Numbers. Center for American Progress.

¹⁶ HCR.gov, 11/24/09.

¹⁷ DPC, April 5, 2010.

¹⁸ Women and Health Care Reform At-A-Glance. National Women's Law Center 2010. (NWLC, 2010)

¹⁹ DPC, April 5, 2010.

²⁰ HCR.gov, 11/24/09.

²¹ DPC, April 5, 2010.

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A Win for Maryland Women

The Problem: Health insurance companies have discriminated against women, including charging them up to 84% more than men.²²

The Solution: Under reform **being a woman will no longer be a pre-existing condition.**

- ✓ The law **prohibits coverage denials and exclusions** due to pregnancy, a prior C-section, breast or cervical cancer, or being a survivor of domestic violence, for example.²³
- ✓ Plans must **cover a broad range of services** such as maternity, family planning drugs and devices, and mental health care, for instance. However, coverage for abortion services will be more difficult, requiring two separate premium checks for those buying insurance through the state exchange.²⁴
- ✓ The law **bans gender rating** so that insurers can no longer charge women and small employers with a mostly female workforce more for coverage.²⁵
- ✓ Up to 55,400 uninsured, low income Maryland women will be newly eligible for Medicaid.²⁶
- ✓ Some 208,000 women will receive health insurance subsidies to help pay for premiums and out of pocket costs such as co-pays and deductibles.²⁷
- ✓ *Beginning in 2010*, women will be able to **see an ob-gyn without a referral.**²⁸
- ✓ **Nursing mothers** must be given special break times at work.

²² Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition. National Women's Law Center, 2009.

²³ NWLC, 2010.

²⁴ NWLC, 2010.

²⁵ NWLC, 2010.

²⁶ What Health Care Reform Means for Women in Maryland. National Women's Law Center, May 2010 (NWLC, May 2010).

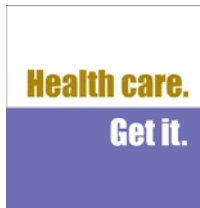
²⁷ NWLC, May 2010.

²⁸ FUSA, April 2010.

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A Win for Maryland Children

The Problem: Every child deserves a chance to reach their full potential. That means having access to health care from the day they are born. In the nation's wealthiest state, the health of our children should not depend on whether their families can afford health insurance.

The Solution: Reform creates **more coverage options for kids and for families** to enroll their children.

- ✓ Prohibits insurers from **denying coverage to 1.4 million children**, even if they have a pre-existing condition, *starting in 2010*.²⁹
- ✓ **Uninsured children with a pre-existing condition** will also be able to get coverage through the state high risk pool *beginning in June 2010*.³⁰
- ✓ **Preventive services** without cost sharing will be available *beginning in September 2010* for all new plans. These will include well-child visits, vision and hearing tests, developmental assessments and screenings as well as immunizations.³¹
- ✓ Children will be able to **see a pediatrician** without a referral, *beginning in 2010*.³²

Provides **coverage to our young adults** just when they need it.

- ✓ Enables 535,815 **dependent adults ages 26 and younger** to stay on their parents' existing insurance, *starting in September 2010*, if the policy provides for dependent coverage and the young adult's employer doesn't offer coverage.^{33, 34}
- ✓ **Young adults under 30** will have access to less costly catastrophic-only health insurance once our state health insurance exchange is in place in 2014.³⁵

²⁹ Letter to Constituent from Senator Mikulski, April 22, 2010. (Mikulski)

³⁰ CCF, April 2010.

³¹ CCF, April 2010.

³² FUSA, April 2010.

³³ Mikulski, 2010.

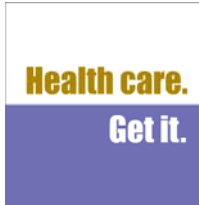
³⁴ CCF, April 2010.

³⁵ DPC, April 5, 2010.

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A Win for Maryland Seniors

The Problem: Medicare is a vital program but, it needs to provide the best services for all seniors, lower their prescription drug costs and become more efficient.

The Solution: Reform **preserves and expands Medicare** while holding down costs.

Reduces prescription drug costs:

- ✓ Begins to close the prescription drug coverage gap for 132,000 Maryland seniors who fall into the “donut hole” (between \$2,700 and \$6,154), starting with a \$250 check *this year*.³⁶
- ✓ Starting in 2011, seniors in the “donut hole” will receive a 50% discount on brand name drugs and discounts on generic drugs.³⁷
- ✓ Closes the “donut hole” entirely *by 2020*.

Lowers costs and provides more coverage and services:

- ✓ **Reduces Medicare premiums** for 693,000 Maryland seniors by lowering overpayments to Medicare Advantage Plans.³⁸
- ✓ *Starting in 2010, early retirees* (55 to 64) will be able to keep their employer-based coverage thru a new re-insurance program and save families up to \$1200 on premiums.³⁹
- ✓ Provides **free annual wellness visits and no cost-sharing for preventive health services** *beginning in 2010*.⁴⁰
- ✓ *Starting January 2011*, the law creates a new voluntary (thru payroll deductions) program for **long term care coverage** such as community based and home care services.⁴¹ The majority of family caregivers are women.⁴²

³⁶ DPC, April 5, 2010.

³⁷ FUSA, April 2010.

³⁸ HCR.gov, 11/24/09.

³⁹ HCR.gov, 11/24/09.

⁴⁰ HCR.gov, 11/24/09.

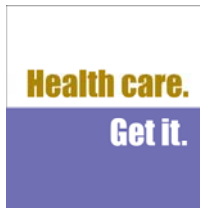
⁴¹ FUSA, April 2010.

⁴² NWLC, 2010.

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A Win for Maryland Employers and Employees

The Problem: Less than half of Maryland small businesses offer health benefits to their employees.

The Solution: Reform enables small employers to **provide employee health benefits at affordable costs** and creates jobs.

- ✓ Provides **tax credits** (for up to 35% of premiums) for approximately 60,000 small businesses to help them buy health insurance for their employees. These employers employ 319,090 Marylanders.⁴³
- ✓ Before the state exchange is available a **temporary re-insurance program for retirees** ages 55 to 64 will be created to help offset the costs of expensive health claims for employers.⁴⁴
- ✓ Some 5,300 to 8,500 **new jobs** will be created each year in our state thanks to businesses being able to expand due to costs saved on health care coverage.⁴⁵

Selected Resources

Maryland's Department of Health has state information on how to access health insurance for children, young adults, families, pregnant women, seniors, veterans, and more: <http://www.dhmd.state.md.us/getthehealthcare/index.html>

Maryland Governor's Health Care Reform Coordinating Council oversees implementation of federal reform in our state:
<http://www.healthreform.maryland.gov/>

The federal Department of Health and Human Services has a consumer-friendly site for reform information: www.healthcarereform.gov

Families USA, the voice of health care consumers has Health Care Reform Central with lots of information: www.familiesusa.org

⁴³ DPC, April 5, 2010.

⁴⁴ HCR.gov, 11/24/09.

⁴⁵ DPC, April 5, 2010.

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